



INSTRUCTIONS FOR COMPLETING

ANNUAL UTILIZATION REPORT OF

SPECIALTY CLINICS

REPORT PERIOD
JANUARY 1, 2003 THROUGH DECEMBER 31, 2003

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Instructions for Completing
Annual Utilization Report of
Specialty Clinics
for
Report Periods Ended in 2003

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INSTRUCTIONS for ANNUAL UTILIZATION REPORT of SPECIALTY CLINICS - 2003

These are the instructions for completing the 2003 Annual Utilization Report of Specialty Clinics. This document also contains a glossary of terms used in the Report.

Please call the Office of Statewide Health Planning and Development (OSHPD) Technical Support at (916) 323-7685 or Specialtyclinics-alirts@oshpd.state.ca.us for questions or for further clarification.

GENERAL INSTRUCTIONS

1. Section 1216 of the Health and Safety Code requires every specialty clinic to file with OSHPD an Annual Utilization Report that contains utilization data for its licensed services. Failure to file a timely report may result in a suspended license by the Department of Health Services (DHS) until the report is completed and filed with OSHPD.
2. The standard report period for Annual Utilization Reports covers the period from January 1 to December 31, unless there has been a change in licensure (ownership) during the calendar year. In this case, the former licensee is responsible for submitting a final report that covers from January 1 to the last date of licensure, while the new licensee is responsible for submitting an initial report that covers from the effective date of licensure to December 31.

Note: Clinics are encouraged to request permission to submit a combined 12-month report if there has been a change in licensure during the calendar year. The former and current licensees need to agree which licensee will be responsible for submitting the report. Please send your request to file a combined report by e-mail to Specialtyclinics-alirts@oshpd.state.ca.us, or contact OSHPD Technical Support for instructions.

If a clinic opens or resumes operations during the year, the first utilization report would cover from the effective date of licensure to December 31. If a facility closes or suspends operations during the year, the final utilization report would cover from January 1 to the date of closure.

3. All clinics are required to submit their Annual Utilization Reports using OSHPD's web-based Automated Licensing Information and Report Tracking System (ALIRTS) for calendar year 2002 and thereafter. To use ALIRTS, facilities must have a PC with Internet access equipped with Internet Explorer (IE) Version 5.0 or higher with 128-bit encryption. Macintosh computers and Netscape browsers are not compatible with ALIRTS. Minimum PC requirements include a 133 MHz processor, at least 64 Mb of RAM, a 28.8 bps modem, and a printer. The PC and browser must be set to accept cookies and to open another window.

4. **Do not submit the hardcopy report to OSHPD.** Only clinics with prior formal written permission for modification of submission may use a different submission format.
5. Annual Utilization Reports are due on or before February 15 if the report is for a full 12-month report period. If the facility closes, the report is due 14 days from the date of notification from OSHPD.
6. Enter all amounts as whole numbers. Enter financial data to the nearest dollar. Do not use decimals, commas, dollar signs, spaces or special characters.
7. ALIRTS will calculate totals for a section or the entire report. Click on any “click to total” button within a section to calculate all of the totals in that section. Click on the “click to total” button at the end of the report to calculate all of the totals in the report.
8. When you have validated the report and eliminated all of the fatal errors and explained all of the warning errors in the report, you are ready to submit the report to OSHPD. Click on the “Submit” button at the end of the report. A screen will appear that will ask you to certify the accuracy of the report. If you agree with the terms, click on “O.K.” The ALIRTS application will re-validate the report. If it is valid, it will submit the report and a screen will appear that certifies that the report has been submitted. You can print this screen for your records. If it is not valid, the application will send you back to the report and show any remaining errors. Repeat until the report has been submitted.
9. When the report has been submitted you can view the report in the ALIRTS system. Log into ALIRTS, go to the ALIRTS Home page and search for the OSHPD ID number or name of your facility, then select “view report”. The report will be listed with a status of “Original Submitted”. Select “View” to review the report. If you need to make changes to the report, select “Open” and you will access the originally submitted report. Make necessary changes and save and re-validate before submitting the report again. (While being revised it will have the status of “Revised In Process”). At this point, you will only be able to “View” the original report, but not open it. When it is re-submitted the status will change to “Revised Submitted”.

SECTION 1 – GENERAL INFORMATION AND CERTIFICATION

This section contains basic information about the clinic, the parent corporation, if any, and the person completing the report.

1. **Lines 1 - 5: Facility Name and Address**

The clinic information for lines 1 through 5 is automatically entered from OSHPD's Licensed Facility Information System (LFIS) based on data from the Department of Health Services (DHS) Licensing and Certification Division. If you find any discrepancies in this information, please notify us by e-mail at Specialtyclinics-alerts@oshpd.state.ca.us or call (916) 323-7685.

2. **Lines 6 - 8: Facility Telephone Number, Administrator Name, and E-mail Address**

Enter the clinic's main telephone number on line 6 and the administrator's name on line 7. Enter the administrator's e-mail address on line 8 if one is available. The administrator's e-mail address will not be made available to the public.

3. **Line 9: Operation Status**

On line 9, select "Yes" or "No" from the drop down menu to indicate whether or not the facility was in operation at any time during the year. If you selected "No" because the facility was not in operation during the year, do not complete the rest of the report. Go to the end of the report and select the "submit" button to submit the report to OSHPD.

4. **Lines 10 - 11: Dates of Operation**

If you answered "Yes" on line 9 because the clinic was in operation during the year, enter the beginning and ending dates of operation on lines 10 and 11, respectively.

Example – A clinic began operation on April 15 and continued operation for the rest of the year. Line 10 would be 04/15/2003 and line 11 would be 12/31/2003.

5. **Lines 12 – 16: Parent Corporation Information**

If the clinic is a subsidiary or division of another corporation, enter the corporation's name, address and phone number on lines 12 through 16. If the clinic is not a subsidiary or division of another corporation, leave these lines blank.

6. **Lines 17 – 20: Person Completing the Report (Report Contact Person)**

The contact information on lines 17 through 20 will be filled in automatically based on the report preparer's registration information. The e-mail address on line 20 will not be made available to the public.

7. **Lines 30 and 31: Submitted By and Submitted Date and Time**

When the report is submitted, the application will supply the name of the person who submits the report and the date and time of submission on lines 30 and 31, respectively, of the final report. Before the report is submitted lines 30 and 31 will read, "Not submitted yet".

SECTION 2 – FACILITY DESCRIPTION

This section includes information on the license category (type), and licensee type of control.

1. **Line 1: License Category (Type)**

The clinic's license category for line 1 is automatically completed by OSHPD based on data from DHS, Licensing and Certification Division. License categories are: Alternate Birthing Center, Psychology Clinic, Surgical Clinic, Dialysis Clinic, and Rehabilitation clinic. If you find any discrepancies in this information, please notify us by e-mail at Specialtyclinics-alirts@oshpd.state.ca.us or call (916) 323-7685.

2. **Line 5: Licensee Type of Control**

Select from the drop down menu the Licensee Type of Control code that best describes the facility's type of ownership.

SECTION 3 – PATIENTS AND ENCOUNTERS

This section of the report documents the unduplicated number of patients seen during the year, as well as the total number of encounters for all patients. In addition, surgical clinics report operating rooms and operations, and psychology clinics report types of encounters.

1. Line 1: Patients and Encounters in the Calendar Year (All Clinics)

Column 1: Unduplicated Patients – Enter in column 1 the count of patients seen by the clinic during the year. Be sure to include patients seen at all locations under this license and to count each patient only once.

Column 2: Encounters – Enter in column 2 the total number of encounters these patients had with the clinic during the year. An encounter must meet all of the following criteria:

1. It is a “one on one” – face to face meeting between the health professional and the patient.
2. The health professional is licensed.
3. The health professional is exhibiting independent medical judgment.
4. The meeting is documented in the patient chart.

Note: Surgical clinics must complete lines 5 through 7, and psychology clinics must complete lines 11 through 14. All others go to Section 4.

2. Line 5: Surgical Operating Rooms

Enter on line 5 the total number of surgical operating rooms at the clinic on December 31. If the report is for a partial year period that ends before December 31, enter the number of operating rooms on the last day of the reporting period.

3. Line 6: Surgical Operations

Enter on line 6 the total number of surgical operations performed at the clinic during the year. A surgical operation is one patient using the operating room, regardless of the number of procedures performed.

4. Lines 11 – 14: Psychology Encounters by Service Type

Enter on lines 11 through 14 the number of encounters for each of the following service types: General Medical, Substance Abuse (alcohol and drug), Mental Health Counseling, and All Other.

5. Line 15: Total Psychology Encounters by Service Type

The ALIRTS application will complete line 15 with the sum of lines 11 through 14.

SECTION 4 – INCOME STATEMENT

This section includes information regarding the financial operations of the facility during the reporting period. The categories of financial information include: Gross Patient Revenue, Write-Offs and Adjustments, Other Operating Revenue, Operating Expenses, and Net From Operations. Enter all numbers to the nearest dollar. Do not enter decimal points or commas.

1. **Line 1: Gross Patient Revenue**

Enter on line 1 the total Gross Patient Revenue for the reporting period. Gross Patient Revenue must be recorded on an accrual basis at the clinic's full-established rates (gross charges).

2. **Lines 2 through 8: Write-Offs and Adjustments**

Enter on lines 2 through 8 the write-offs and adjustments to revenue including Charity, Contractual Adjustments, Bad Debts, and Other Adjustments.

3. **Line 9: Total Write-Offs and Adjustments**

The ALIRTS application will complete line 9 with the sum of lines 2 through 8.

4. **Line 10: Net Patient Revenue**

The ALIRTS application will complete line 10 with the remainder of line 1 minus line 9. Net Patient Revenue reflects the actual amount received from payers and patients for patient care services.

5. **Lines 11 through 19: Other Operating Revenue**

Enter on lines 11 through 19 the total revenue received from public grants, private grants, donations/contributions, and other sources, such as income from investments.

6. **Line 20: Total Other Operating Revenue**

The ALIRTS application will complete line 20 with the sum of lines 11 through 19.

7. **Line 25: Total Operating Revenue**

The ALIRTS application will complete line 25 with the sum of lines 10 and 20.

8. **Lines 30 through 44: Operating Expenses**

Enter on lines 30 through 44 the various categories of operating expenses incurred by the clinic during the reporting period. Do not include income taxes.

9. **Line 45: Total Operating Expenses**

The ALIRTS Application will complete line 45 with the sum of lines 30 through 44.

10. **Line 50: Net From Operations**

The ALIRTS application will complete line 50 with the remainder of line 25 minus line 45.

SECTION 5 – MAJOR CAPITAL EXPENDITURES

This section satisfies Section 127285 (3) of the Health and Safety Code, which requires each facility to report “acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000.)” It also satisfies Section 127285 (4) of the Health and Safety Code, which requires each facility to report the “commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars (\$1,000,000.)”

1. **Line 1: Diagnostic and Therapeutic Equipment Costing Over \$500,000**

On line 1, select “Yes” or “No” from the drop down menu to indicate whether or not the facility acquired any diagnostic or therapeutic equipment with a cost or fair market value in excess of \$500,000. If “Yes”, complete lines 2 through 11, as necessary, to report the details of these acquisitions.

2. **Lines 2 through 11: Diagnostic and Therapeutic Equipment Detail**

Column 1: Description of Equipment

In column 1, enter a description of the acquired equipment.

Column 2: Cost

In column 2, enter the cost or fair market value of the acquired equipment. Report to the nearest dollar.

Column 3: Date of Acquisition

In column 3, enter the date the equipment was acquired. The date format is “MM/DD/YYYY”.

Column 4: Means of Acquisition

In column 4, select “Purchase”, “Lease”, “Donation”, or “Other” from the drop down menu to indicate the means of acquisition.

3. **Line 25: Building Projects Commenced During the Period Costing over \$1,000,000**

On line 25, select “Yes” or “No” from the drop down menu to indicate whether or not the facility commenced any building projects during the year that will require an aggregate capital expenditure exceeding \$1,000,000. If “Yes”, complete lines 26 through 30, as necessary, to describe the building project(s.)

Note: Commencement of a building project is considered to be the time at which a project number is issued by OSHPD for the project. If no project number is issued, it is when all permits have been issued and construction is ready to begin.

4. **Lines 26 through 30: Detail of Capital Expenditures**

Column 1: Description of Project

In column 1, enter a description of each construction project started during the reporting period.

Column 2: Projected Total Capital Expenditure

In column 2, enter the projected total expenditure required to complete each construction project started during the reporting period. Report to the nearest dollar.

Column 3: OSHPD Project No.

In column 3, enter the project number that was issued by Facilities Development Division, OSHPD, for each building project commenced during the reporting period. Report the primary project number but do not report any sub numbers under the primary number. See Glossary for details.

GLOSSARY

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Facility Name

This is the name under which the facility is doing business (DBA name). This name may be an abbreviation of and may differ from the facility's legal name. It is listed on the license as the name of the facility being operated by the licensee.

Encounters

Count one encounter each time a patient is seen by a health care service provider who exercises independent judgment in the provision of health services to the patient and records the encounter in the patient's record.

License Category

The license category describes the licenses issued to specialty clinics by DHS, Licensing and Certification Division. License categories include Alternate Birthing Center, Psychology, Surgical, Dialysis, and Rehabilitation.

Licensee Type of Control

Denotes the type of ownership and/or legal organization of a facility licensee. The following nine types of control are reported:

- City and/or County
- District
- Non-Profit Corporation (incl. Church-Related)
- University of California
- State
- Investor – Individual
- Investor – Partnership
- Investor – Limited Liability Company
- Investor – Corporation

OSHPD ID Number

This is a nine-digit facility identification number assigned by OSHPD for reporting purposes. The first three digits indicate the type of facility, the next two digits indicate the county in which the facility operates, and the last four digits are assigned to identify the facility.

Parent Corporation

A corporation of which the facility is a subsidiary or a division. The license may be held by the facility or the parent corporation.

Project Number

A number issued to the facility by Facilities Development Division, OSHPD, to identify construction projects.

The project number for building projects costing \$1,000,000 or more consists of an 8 digit alpha-numeric number in the following format:

First digit:	The letters S, H, or I, indicating the type of equipment.
Second digit:	The letters S or L, indicating the issuing office (Sacramento or Los Angeles.)
Third and Fourth digits:	Two numbers indicating the year the project number was issued. For this report the third and fourth digits will be "02".
Fifth through eighth digits:	Four numbers indicating the sequence, starting with 0001 and continuing as far as necessary.

Example: HL020123

Surgical Operations

A surgical operation occurs when one patient uses an operating room. Therefore, a surgery involving multiple procedures (even multiple, unrelated surgeries) performed during one scheduling is to be counted as one surgical operation. Another definition of a surgical operation could be a "patient scheduling".

Unduplicated Patients

A count of patients with each patient counted only once, even though they may return to the clinic several times during the reporting period.